

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-375)

SERIAL NO.
107009416

FILING DATE

APPLICANT(S)

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
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TOTAL IND.						
TOTAL DER.						
TOTAL CLAIMS						

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	IND.	DER.	IND.	DER.	IND.	DER.
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TOTAL IND.	15					
TOTAL DER.	41					
TOTAL CLAIMS	56					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS